

JUNIOR ALL-AMERICAN FOOTBALL OF SOUTHERN CALIFORNIA CONFERENCE

WAIVER FORM

Date: _____

Request for Player Waiver (Article IX, Section 4)

Name: _____

Address: _____

Phone #: _____

Age: _____

Reason for player being cut and/or request for waiver

Releasing Chapter Commissioner/President:

Print Name & Position

Signature

Print Chapter Name Date

Receiving Chapter Commissioner/President:

Print Name & Position

Signature

Print Chapter Name Date

Conference Commissioner's signature _____
Approved _____ Date _____